



1631

Practitioner's Docket No. PERLIN-3 CONT IA

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mark W. Perlin

Application No.: 0 9 / 262,506 Group No.: 1631
Filed: March 2, 1999 Examiner: M. Zeman
For: METHOD AND SYSTEM FOR GENOTYPING

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

RECEIVED

JAN 22 2002

TECH CENTER 1600/2900

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
- ☒ a small entity. A statement:
 - ☐ is attached.
 - ☒ was already filed.
 - ☐ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 11/7/01

Tracey L. Milka

Signature

Tracey L. Milka

(type or print name of person certifying)

(Amendment Transmittal [9-19]—page 1 of 4)

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. § 1.645 for extensions of time in interference proceedings, and 37 C.F.R. § 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$ 195.00
<input type="checkbox"/> three months	\$ 890.00	\$ 445.00
<input type="checkbox"/> four months	\$ 1,390.00	\$ 695.00

Fee: \$_____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this is a conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	RATE
			ADDIT. FEE	ADDIT. FEE
			OR	
TOTAL *	MINUS **	=	x\$9 = \$	x\$18 = \$
INDEP. *	MINUS ***	=	x\$40 = \$	x\$80 = \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$135 = \$	+ \$270 = \$
			TOTAL ADDIT. FEE \$	OR TOTAL ADDIT. FEE \$

- * If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ _____.

FEE PAYMENT

- ☐ Attached is a ☐ check ☐ money order in the amount of \$ _____
- ☐ Authorization is hereby made to charge the amount of \$ _____
 - ☐ to Deposit Account No. _____
 - ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should **not** be included on this form as it may become public.

- ☐ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account
No. 19-0737

AND/OR

- ☒ If any additional fee for claims is required, charge Account
No. 19-0737

Reg. No.: 30,587

Tel. No.: (412) 621-9222

Customer No.:



SIGNATURE OF PRACTITIONER

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(type or print name of practitioner)

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